

Incident Report

Print Date/Time: 06/05/2016 17:12

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00010698

Incident Date/Time: 6/4/2016 10:47:00 AM

Location: 20TH ST SE / 79TH AVE SE

LAKE STEVENS WA 98258

Phone Number: (425) 348-2357

Report Required: No Prior Hazards: No LE Case Number:

Venue: Lake Stevens

Collision

 Source:
 911

 Priority:
 2

 Status:
 2

Nature of Call:

Incident Type:

Unit/Personnel

UnitPersonnel19D3SS0134-Lyons19S13SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	RITA-DISPATCH		(425) 348-2357			
2	Involved Party	RYAN, SCOTT CHRISTOPHER	6102 140TH ST	(425) 438-6170		Male	08/23/1978
3	Involved Party	VANCE, TANNER JAMES	Everett WA 982089466 9115 7TH ST Lake Stevens WA 982583799	(425) 772-3582	White	Male	03/25/1981

Vehicle(s)

Role	Туре	Year	Make	Model	Color	License	State
Involved Vehicle						C36026F	
Involved Vehicle	Passenger Car	2004				70348C	WA
Involved Vehicle	Passenger Car		Ford			C36026F	

Disposition(s)

Disposition Count

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

06/04/2016: 11:28:29 ss0134 Narrative: Female complaining of possible injuiries refused AID and need of care.

06/04/2016: 10:50:23 SP0368 Narrative: AGENCY ADVISED

06/04/2016: 10:50:20 SP0294 Narrative: LR294

06/04/2016: 10:48:41 SP0294 Narrative: CC, VEH VS COMMUNITY TRANSIT BUS, FEM CA/BN, BACK AND NECK PX

(D)	STATE OF WASHINGTON POLICE TRAFFIC REPORT NO. E550135	2 3 27
	COLLISION REPORT 1591971 INTERSTATE CITY STREET CITY	
1 1	STATE ROUTE OTHER OTHER LOCAL AGENCY CODING	
2 1	COUNTY RD PRIVATE WAY HIS RUN TOTAL # OF OBJECT 1	1 8 28
ما ا	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	
3	DATE OF COLLISION 06 - 04 - 2016 1049 31 N S W OF 0664 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION V NON-INTERSECTION BLOCK NO.	
4a	MILE POST 7900	0 1 29
5	OF (REFERENCE OR CROSS STREET) MILES N E 79TH AVE SE FEET S W	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET VES V NO DE 4257723582	0 1 30
6 2	LAST NAME VANCE FIRST NAME TANNER MIDDLE INITIAL J	
	STREET NEW ADDRESS NEW ADDRESS NEW ADDRESS	
7	CITY LAKE STEVENS ST WA ZIP 982583799	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS 2	
9 1	DRIVER'S LICENSE # VANCETJ198D5 STATE WA SEX M D.O.B. MMDDYYYY 03 _ 25 _ 1981	
10 1	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURIES	1 2 32
11 3 5	LICENSE C36026F STATE WA VIN# 1FTPW14505KD58364	
12 3 5	TRAILER PLATE # STATE STATE STATE	
13 2	YES NOV YES NOV	7 33
142	LIABILITY INSURANCE O STATE FARM 200 4541-A05-47	FROM TO
15 2	NEFFECT VEST NO CITATION # CHARGE POLICY # STATE PARMS SOLITON # CHARGE 10 BOTTOM 5 TANDING 7 6 TANDING 10 BOTTOM 5 TANDING 10 BOTTOM 5 TANDING 10 BOTTOM 5 TANDING 10 BOTTOM 5 TANDING 10 BOTTOM	3 7 34
	UNIT 02 MOTOR PEDAL PEDESTRIAN PROPERTY OWNER PROPERTY OWNER PHONE D: 4254386170	4 35
16 2	LAST NAME RYAN FIRST NAME SCOTT MIDDLE INITIAL C	4 36
17	STREET NEW ADDRESS 6102 140TH ST SE	37
18 2	CITY EVERETT ST WA ZIP 982089466	38
19	CDI B RESTRICTIONS ENDORSEMENTS L, P	39
20	DRIVER'S LICENSE # RYAN'SC220N3 STATE WA SEX M D.O.B. 08 - 23 - 1978	40
21	CN DUTY CTATUS APPAC 2 DECTD 4 SUCCESS 1 HELMET INJURY 1 NATURE OF INJURIES	
22	LICENSE	
23	TDAILED TDAILED	_
·	PLATE # PLATE #	1 41
24	REGISTERED OWNER INFO. COMMUNITY TRANSIT 7100 HARDESON RD EVERETT WA 98203 D: 4254386170 VEHICLE NO. 2	1 42
	SHADE IN DAMAGE AREA LIABILITY INSURANCE & POLICY B	
25	VEHICLE YES Nd CITATION # CHARGE 10 BOTTOM	
26	PAGE 01 OF 7	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E550135

 CASE #	2016-00010698
CASE #	2010-00010096

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) HYLINGER GREY M ADDRESS & PHONE # D.O.B. MMDDYYY SEX M 807 DARWIN WAY GRANITE FALLS WA 98252 3603488965 02 28 1995 NATURE OF INJURIES SEAT POS. HELMET USE AIRBAG RESTR. EJECT 2 1 NAME (LAST, FIRST, MIDDLE INITIAL) SUNAGA STEPHEN ADDRESS & PHONE # D.O.B. 8621 STATE ROUTE 92 GRANITE FALLS WA 98252 4253288464 SEX M 11 03 1936 NATURE OF INJURIES HELMET USE SEAT POS. INJURY CLASS PASSENGER WITNESS UNIT # AIRBAG 2 RESTR. EJECT 2 6 1 NAME (LAST, FIRST, MIDDLE INITIAL) STADLER SAM C ADDRESS & PHONE # D.O.B. MMDDYYY 12320 CHAPPEL RD ARLINGTON WA 98223 5096373797 SEX M 07 06 1993 NATURE OF INJURIES SEAT POS. HELMET USE INJURY CLASS 1 4 AIRBAG 2 RESTR. EJECT PASSENGER WITNESS

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS				06-05-16	6 08:41 AM	_			
INVESTIGATING OF	FICER'S SIGNATURE		UNIT OR DIST. DET	DATED			PLACE SIGNED		
APPROVED BY					D.	ATE 0/5	/0040 4 50 00 DM		
ROBERT MINER	0095					6/5/	/2016 1:53:33 PM		
BADGE OR ID #	0134	ORI#	WA0311900		TIME POLICE DIS	SPATCHED	10:49 AM	TIME POLICE ARRIVED	10:55 AM

PART B 3000-345-160 R (7/06)

PAGE 2 OF 7





CORRECTION

REPORT NO.

E550135

				1591				ASE #		10-000100										
NAME (LAST, FIRST, MIDDLE	INITIAL)	BRO	ADDI WN SUSA		_ PERSC	NS INVO	DLVE	D (PASS	ENGE	ERS AND	OR W	/ITNE	SSE	S ON	LY)					
ADDRESS & PHONE #	1619 127TH	AVE NE	#D6 LAK	E STEVI	ENS WA 9	8258 425	32242	285				SEX	F	D.O MMDD	.B. YYYY 0	6]-[26]-[1946
PASSENGER 🗸	WITNESS U	INIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	1	EJECT	1	HELI	MET		INJUR CLAS	Y S 1		NATURE	OF INJU	RIES
NAME (LAST, FIRST, MIDDLE	INITIAL)	LAP	RISE ADF	RIAN J																
ADDRESS & PHONE #	121 83RD A	VE SE	LAKE STE	VENS V	VA 98258	5037042	857					SEX	F	D.O MMDD	.B. YYYY 0	2]-[08	<u> </u>	1947
PASSENGER 🗸	WITNESS U	INIT #	2	SEAT POS.	1	AIRBAG	2	RESTR.	1	EJECT	1	HELI	MET		INJUR CLAS	Y S 1		NATURE	OF INJU	RIES
NAME (LAST, FIRST, MIDDLE		RO	BB REBE	CCA F																
ADDRESS & PHONE #	11406 20TH	ST NE	LAKE STI	EVENS	WA 98258	3 4259740	850					SEX	F	D.O MMDD		6	<u></u>	13	<u> </u>	1985
PASSENGER 🗸	WITNESS U	INIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	1	EJECT	1	HELI	MET SE		INJUR CLAS	Y 1		NATURE	OF INJU	RIES
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Please	see sub	seq	uent i	narra	ative	page	es													
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NVESTIGATING OFF	-IUER'S SIGNAT	UKE		UNI	T OR DIST.	DEI		DATE	ر	Т	DATE			E SIG						
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BADGE OR ID #	0134		ORI#	WA03	311900				TIM	ME POLICE [DISPATO	CHED	10:4	19 AN	1	TIMI	E PC	LICE AF	RIVED	10:55 AM

PART B 3000-345-160 R (7/06)

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CORRECTION

REPORT NO.

E550135

PAGE 4

OF 7

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CASE #	201

2016-00010698

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NAME (LAST, FIRST, MIDDLE		SKAU	G VICKIE	=														
ADDRESS & PHONE #	1316 91ST AV	/E SE UI	NIT #30 L	AKE ST	TEVENS W	VA 98258	42561	104852				SEX	F	D.O.B. MMDDYYYY 08		05 -	1954	
PASSENGER 🗸	WITNESS UN	IT#	2	SEAT POS.	8	AIRBAG	2	RESTR.	1	EJECT	1	HELI	MET	INJURY CLASS	7	NATURE OF IN BACK & NECF AID	JURIES (PAIN BUT REFUS	ED
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ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY		_		
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ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY	_	_		
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C. LYONS NVESTIGATING OF	FICER'S SIGNATUR	RE		UNI	T OR DIST.	DET		DATE		08:41 AN			PLAC	E SIGNED				
APPROVED BY ROBERT MINER	0095										DATE	6/5/	2016	6 1:53:33 PM				
BADGE OR ID #	0134		ORI#	WA03	311900				TIM	ME POLICE [DISPATO	CHED	10:4	19 AM	TIME P	OLICE ARRIVE	10:55 AM	

E550135

CASE#

2016-00010698

DATE AND TIME

06/04/16 10:49

NARRATIVE

On 06-04-16 at approximately 1047 hours, I responded to a collision that occurred near the intersection of 20th St SE and 79th Ave SE in Lake Stevens, WA. The collision involved one vehicle and one transit bus. Aid was already in route to the location.

Upon arrival, Unit 1 stated he was driving westbound on 20th St SE and approaching the stop light at the intersection of 79th Ave SE. Unit 1 stated he did not see Unit 2 slowing to come to a stop and by the time he applied the brakes, he rear-ended Unit 2.

Unit 1 suffered minor damages to the front driver's side bumper, headlight, and fog light areas of the vehicle. Unit 2 suffered minor damages to the rear right side corner of the vehicle. Digital photographs illustrating damages were taken and submitted into the case jacket. Neither Unit 1 nor Unit 2 needed to be towed away from the scene.

Unit 1 stated he did not have an injuries and refused the care of Aid. Unit 2 contained 7 passengers, where only one stated possible neck and back pain. This passenger was identified as Skaug, Vickie (DOB 08-05-1954). Skaug was seen by Aid, where she refused care or need of transport by Aid.

Unit 1 and Unit 2's information was exchanged for their insurance purposes before they cleared the scene. Before Unit 2 left the scene, all passengers and the driver were transported into a new bus to continue their transportation destinations.

This concluded my involvement, where I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

0 1 1/01/0 //404

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134	6/5/2016	Lake Stevens, W
C. LYONS #134	6/5/2016	Lake Stevens, w

C/E/004C

Officer Date Location Signed



UNIT#

CARRIER NAME

CARRIER ADDRESS

CITY

NAME SOURCE

UNIT# LAST NAME

STREET NEW ADDRESS

CITY

CDL

DRIVER'S LICENSE #

ON DUTY LICENSE PLATE #

TRAILER PLATE #

VEH. YEAR

VEHICLE LEGALLY STANDING

REGISTERED OWNER INFO.

YES

LIABILITY INSURANCE IN EFFECT

UNIT#

LAST NAME

C. LYONS

BADGE OR ID #

INVESTIGATING OFFICER'S SIGNATURE

0134

6 2

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13

22

24

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26

COMMERCIAL M

ADDITIONAL UNI

2

AXL

STATUS

MAKE

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L					USE		ULASS							

STREET NEW ADDRESS CITY CDL DRIVER'S LICENSE # STATUS ON DUTY LICENSE PLATE # STATE VIN# TRAILER PLATE # TRAILER PLATE # STATE STATE MODEL VEH. YEAR MAKE STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO REGISTERED OWNER INFO. SHADE IN DAMAGED AREA INSURANCE CO & POLICY # LIABILITY INSURANCE IN EFFECT 9 TOP CITATION # CHARGE I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

06-05-16 08:41 AM

APPROVED BY

DATED:

UNIT OR DIST DET

ORI **WA0311900**

7

3000-345-013 R (7/06)

PLACE SIGNED

6/5/2016

41

42

REPORT NO. E550135 **CASE #** 2016-00010698 **DATE AND TIME** OF COLLISION 06/04/16 10:49

